

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10.646440	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/								
2	/								
3		/							
4		/							
5		/							
6		/							
7		/							
8		/							
9		/							
10		/							
11		/							
12		/							
13		/							
14		/							
15		/							
16		/							
17		/							
18		/							
19	/	/							
20	/	/							
21		/							
22		/							
23		/							
24		/							
25		/							
26		/							
27		/							
28		/							
29		/							
30		/							
31		/							
32		/							
33		/							
34		/							
35		/							
36		/							
37		/							
38		/							
39		/							
40		/							
41		/							
42		/							
43		/							
44		/							
45		/							
46		/							
47		/							
48		/							
49		/							
50		/							
51		/							
52		/							
53		/							
54		/							
55	/	/							
56	/	/							
57	/	/							
58	/	/							
59	/	/							
60	/	/							
61	/	/							
62	/	/							
63	/	/							
64	/	/							
65	/	/							
66	/	/							
67	/	/							
68	/	/							
69	/	/							
70	/	/							
71	/	/							
72	/	/							
73	/	/							
74	/	/							
75	/	/							
76	/	/							
77	/	/							
78	/	2							
79	/	2							
80		2							
81		2							
82		2							
83		2							
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	27		61		95		TOTAL IND.	27	
TOTAL DEP.	61		95		95		TOTAL DEP.	61	
TOTAL CLAIMS	95		95		95		TOTAL CLAIMS	95	